

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHINA GROVE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments	{D 000}		
{D 093}	<p>10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 20 of 26 residents had a bedside lamp or a light overhead of bed with a switch within reach of person lying on bed.</p> <p>The findings are:</p> <p>Observations on 07/15/14 from 9:10 am to 10:30 am of Hall A revealed: -There were four resident rooms (#101, 102, 103, and 104) with three residents in each room. -The light switches for the overhead lights were not accessible by any residents while lying in bed. -Two of three residents in room 101 had no bedside lamp. -Two of three residents in room 102 had no bedside lamp. -Three of three residents in room 103 had no bedside lamp. -Two of three residents in room 104 had no</p>	{D 093}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHINA GROVE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 093}	<p>Continued From page 1</p> <p>bedside lamp.</p> <p>Interviews on 07/15/15 from 9:10 am to 10:30 am with residents without bedside lamps revealed: -Five of the nine residents stated no staff had asked them if they wanted lamps but would not use them if they were made available. -One resident stated he purchased his own lamp but kept it in his closet because he did not like to disturb his roommates by using it. -One resident was uninterviewable and two were unavailable for interview.</p> <p>Refer to interview on 07/15/15 at 11:22 am with the Resident Care Director (RCD).</p> <p>Refer to interview on 07/15/15 at 11:44 am with the Administrator.</p> <p>B. Observations on 07/15/14 from 9:10 am to 10:30 am of Hall B revealed: -There were two resident rooms (#105 and #109) with three residents in each room. -There were four resident rooms (#106, #107, #108, and #110) with two residents in each room. -The light switches for the overhead lights were not accessible by any residents while lying in bed. -Three of three residents in room 105 had no bedside lamp. -Two of two residents in room 106 had no bedside lamp. -One of two residents in room 107 had no bedside lamp. -One of two residents in room 108 had no bedside lamp. -Two of three residents in room 109 had no bedside lamp. -Two of two residents in room 110 had no bedside lamp.</p>	{D 093}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHINA GROVE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 093}	<p>Continued From page 2</p> <p>Interviews on 07/15/15 from 1:45 pm to 2:10 pm with 6 residents without bedside lamps on the B hall revealed:</p> <ul style="list-style-type: none"> -Four residents stated they were not aware the facility was supposed to provide a lamp for each resident and would use a lamp if it was available. They did not use the overhead light at night because it disturbed the roommates. -One resident stated he had been at the facility a couple of days and did not have a lamp. He would use the bedside lamp if he had one. -One resident stated he had a night light plugged in a wall receptacle so he could see at night. He would use a bedside lamp occasionally, if he had one. <p>On 07/15/15, the Administrator purchased 21 bedside lamps and distributed to residents, ensuring every resident had a bedside lamp.</p> <p>Refer to interview on 07/15/15 at 11:22 am with the Resident Care Director (RCD).</p> <p>Refer to interview on 07/15/15 at 11:44 am with the Administrator.</p> <hr/> <p>Interview on 07/15/15 at 11:22 am with the Resident Care Director (RCD) revealed:</p> <ul style="list-style-type: none"> -She was informed about the need for bedside lamps during the last survey in March 2015. -She thought as long as the overhead lighting had been corrected and there was plenty of overhead lighting, it was okay. -As far as she knew, there was no current plans in place for purchasing bedside lamps for the residents. <p>Interview on 07/15/15 at 11:44 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -She thought all the residents' beds had overhead 	{D 093}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHINA GROVE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 093}	Continued From page 3 lights "like in a hospital" and just needed bulbs, so she purchased plenty of bulbs to correct lighting and thought the issue was resolved. -The facility currently had no bedside lamps available for residents.	{D 093}		